

Recommended Insurance

Type of Activity	Recommended Minimum Insurance
Construction Projects	CGL, Auto, WC and Employer's Liability, Property, Builders' Risk. (Note: add Professional Liability for Design/Build Projects)
Construction and services contracts, including most construction and remodeling, janitorial service, movers, on-site equipment maintenance agreements, tow service, tree-maintenance, road maintenance, welding, plumbing, painting, electrical work, fireworks exhibits.	CGL, Auto, WC and Employer's Liability
Professional services, including architects, engineers, consultants, counselors, medical professionals, attorneys, accountants, information systems, artists	CGL, Auto, WC and Employer's Liability, Professional Liability (Errors and Omissions)
Environmental, including asbestos, hazardous chemicals or waste	CGL, Auto, WC and Employer's Liability, Pollution and/or Asbestos Pollution Liability and/or Errors and Omissions
Tenants and concessionaires including food and beverage concessions, gift shops, office space, child care and senior centers, other space rental to lessees who have employees	CGL, Auto (if automobiles are used), WC and Employer's Liability, Property (all-risks to any tenant improvements or betterments)
Vendors, including vendors who supply equipment or other products to the State who do not perform other functions such as installation and maintenance	CGL
Space rental, including short-term space rental for special occasions to groups who have no employees such as club functions, weddings, dances, picnics or social dinners, crafts exhibitions or classes, animal shows, recreational activities including baseball and football.	CGL (Note: Contact State Risk Management Office for special events requirements.)
Other activities not listed	Please consult State Risk Management Office

Certificates of Insurance

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) (1)
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
Person	For	INSURERS AFFORDING COVERAGE		
INSURED		INSURER A. INSURER B. INSURER C. (2) INSURER D. INSURER E.		
COVERAGE THE COVERAGE OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND ASSUME FOR THE POLICY PERIOD INDICATED, WITHIN THE STANDARDS AND CONDITIONS OF THE POLICY, THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
NAIR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR (4) <input type="checkbox"/> OWNER & CONTRACTORS PROY <input type="checkbox"/> NON-CONTRACTOR LIMIT (5) <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIBRID AUTOS <input type="checkbox"/> NON-OWNED AUTOS	(6)	(6)	(7)	(7)
LIMITS		EACH OCCURRENCE PER CLAIM (MAX. \$1,000,000) MEDICAL EXPENSE (MAX. \$100,000) PERSONAL & ADVERTISING INJURY GENERAL AGGREGATE PRODUCTS/COMMOD AGGREGATE CONTRACTOR SINGLE LIMIT (Per person) BODILY INJURY (Per accident) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EACH ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE NO STATUTORY LIMITS OTHER E.1. EXCESS - EACH BODILY INJURY E.2. EXCESS - EACH PROPERTY DAMAGE E.3. EXCESS - POLICY LIMIT		
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> OTHER (12)		(10) (11) (13)		
DESCRIPTION OF OPERATIONS/LOCAL INDEMNITY/EXCLUSIONS AFFORDED BY INDICATED SPECIAL PROVISIONS (13)				
CERTIFICATE HOLDER		CANCELLATION		
ADDITIONAL INSURED MEMBER LETTER (14)		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor TO MAIL, 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILING TO MAIL, SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES, AUTHORIZED REPRESENTATIVE. (15)		
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Required Elements

1. As a rule of thumb, the date the certificate of insurance was issued should not be more than 15 days from the date of its request. Furthermore, certificates of insurance should not be accepted if issued over 30 days ago.
2. The name of the "Insured" should be the name of the entity with whom we are contracting, unless otherwise noted in the Description of Operations section explaining the relationship (i.e. ownership) between the insured and our contractor.
3. Contract may require an insurer to be admitted in the State of Hawaii or with through a surplus lines agent licensed in Hawaii with a minimum AM Best rating of A-VII. Unless you have an updated AM Best guide, please check with Risk Management for a review and approval.

Required Elements

The "Commercial General Liability" form generally should be an "Occurrence" basis. The "Claims Made" form may be acceptable in certain situations, such as Architect and Engineers and certain other professionals; however, you should consult with Risk Management if you notice "Claims Made" has been indicated.

A "Policy Number" or binder number should be indicated.

The "Effective Date" should be no later than the contract date or the first date that the contractor begins to perform work for the State.

The "Expiration Date" should be monitored to ensure that renewal certificates of insurance are received on a timely basis.

The "Expiration Date" should be monitored to ensure that renewal certificates of insurance are received on a timely basis.

Required Elements

8. The Limits of Liability for "Each Occurrence" should be at least as much as required by the contract and should indicate all of the required coverages (IE "Products-Completed Operations"). In the case of a "Claims Made" policy, a "General Aggregate" limit higher than the Per Occurrence limit may be required.
9. Usually "Any Auto" coverage is required. In some instances "Scheduled Autos" may be acceptable. If "Any Auto" is not marked, "Hired Autos" and "Non-Owned Autos" should be indicated. If there are no corporate-owned autos, then the "Hired & Non-Owned Auto" may be endorsed to the Commercial General Liability to satisfy this requirement.

9.

Certificates of Insurance

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) (1)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Phone		Fax		INSURERS AFFORDING COVERAGE	
INSURED		(2)		INSURER A. INSURER B. INSURER C. (3) INSURER D. INSURER E.	
COVERAGES					
THE COVERS OF INSURANCE LISTED HEREON HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING THE EXCLUSIONS, LIMITS, DEDUCTIBLES, COINSURANCE, CONDITIONS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE		POLICY NUMBER	DATE EFFECTIVE	POLICY EXPIRATION	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> FOLIO LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTOR'S PAINT <input type="checkbox"/> ONLY AGENTS TO BE LISTED HEREON <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC		(5)	(6)	(7)	EACH OCCURRENCE PER CLAIM (Any and All) MEDICAL EXPENSE (Any and All) PERSONAL & ADVERTISING INJURY GENERAL AGGREGATE PRODUCTS-COMPLEY AGGREGATE (10)
AUTOMOBILE LIABILITY <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> NON-OWNED AUTOS		(9)			SCHEDULED SINGLE LIMIT NON-OWNED AUTOS ALL OWNED AUTOS HIREN AUTOS AGGREGATE (10)
MARINE LIABILITY <input type="checkbox"/> MARINE <input type="checkbox"/> ANY AUTO					AUTO ONLY - EACH ACCIDENT OTHER THAN AUTO ONLY AGGREGATE (10)
EXCESS LIABILITY <input type="checkbox"/> TROOP <input type="checkbox"/> CLAIM MAKE <input type="checkbox"/> SCHEDULED <input type="checkbox"/> HIREN					AGGREGATE (10)
WORKERS COMPENSATION AND EMPLOYERS LIABILITY					<input type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.1. DISEASE - EACH EMPLOYEE E.2. DISEASE - POLICY LIMIT (11)
OTHER (12)					(11)
DESCRIPTION OF OPERATIONS, LOCATIONS, SPECIAL CONDITIONS ADDED BY ENDORSEMENT(S), SPECIAL PROVISIONS (13)					
CERTIFICATE HOLDER	ADDITIONAL INSURED MEMBER LETTER	CANCELLATION			
(14)	(15)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILING TO MAIL SUCH NOTICE SHALL INCURE NO OBLIGATION OR LIABILITY OF ANY KIND FROM THE COMPANY OR ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (16)			
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Required Elements

10. You may notice the limits of liability shown for General Liability and/or Automobile Liability may be less than those required by the contract. If necessary, they may be supplemented with Umbrella Liability, provided the combined limit satisfy the minimum requirement and the State is listed as "Additional Insured" on the Umbrella Policy or the Umbrella policy is noted as "Follow Form" on the certificate.
11. "Workers Compensation" is generally required to comply with Hawaii Workers' Compensation Law, HRS 386. "Employers Liability" carries basic limits of \$100,000 each accident, \$500,000 Disease-Policy Limit, \$100,000 Disease-Each Employee; but we may require higher limits of \$1,000,000. Sole Proprietorships may elect not to purchase this coverage.

Certificates of Insurance

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) (1)
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY, AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED		INSURERS AFFORDING COVERAGE
Phone: Fax:		INSURER A:
(2)		INSURER B:
		INSURER C: (3)
		INSURER D:
		INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN RECEIVED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUPANCY <input type="checkbox"/> OWNERS & CONTRACTORS POLL <input type="checkbox"/> UMBRELLA <input type="checkbox"/> PRODUCT <input type="checkbox"/> LITE	(5)	(6)	(7)	EACH OCCURRENCE FIRE DAMAGE (per occurrence) MEDICAL EXPENSE (per occurrence) PERSONAL & ADVERTISING INJURY GENERAL AGGREGATE PRODUCTS COMPLETION AGGREGATE
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	(9)			COMBINED SINGLE LIMIT (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per occurrence) AUTO ONLY - EACH ACCIDENT OTHER THAN AUTO ONLY EACH OCCURRENCE
BOILER LIABILITY <input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> PROPORTIONATE <input type="checkbox"/> RETENTION				
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.I. COVERAGE EACH EMPLOYEE E.I. DISEASE POLICY LIMIT
OTHER (12)				
DESCRIPTION OF OPERATIONS, LOCATIONS, INSTALLATIONS, AND BY ENDORSEMENT SPECIAL PROVISIONS (13)				

CERTIFICATE HOLDER	ADDITIONAL INSURED INSURER LETTER	CANCELLATION
(14)	(15)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDORSE TO MAIL, 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (16)

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Required Elements

12. Occasionally, other coverages such as Professional Liability, Builder's Risk, Watercraft Liability, Pollution Liability, Fidelity Bonds....etc., may be required, and should be indicated in the "Other" section.
13. When required by the contract, the State of Hawaii, its elected and appointed officials, officers, employees and volunteers should be shown as "Additional Insured" in the Description of Operations section. This section may also be used to reference the specific project name/number, or other specific contract insurance requirements such as a "Loss Payee" clause or "Waiver of Subrogation" endorsement.....etc.

Required Elements

14. The "Certificate Holder" should be the name and address of the contracting Department/Division who is responsible for monitoring the contract including, preferably, the name of the individual. "Certificate Holder" is not the same as "Additional Insured."
15. Certificates shall contain a provision that coverages being certified will not be cancelled or materially changes without giving the State thirty (30) days prior written notice, with "endeavor to" crossed out.
16. The Certificate should be signed by the insurance agent or an insurance company representative.